

**Geary County BRFSS Questionnaire**  
**May 3, 2000**

Section 1:	Health Status.....	3
Section 2:	Health Care Access.....	4
Section 3:	Hypertension Awareness.....	9
Section 4:	Cholesterol Awareness.....	10
Section 5:	Diabetes.....	11
Section 6:	Exercise.....	12
Section 7:	Seat Belt Use.....	15
Section 8:	Tobacco Use.....	17
Section 9:	Smokeless Tobacco.....	19
Section 10:	Demographics.....	20
Section 11:	Women's Health.....	25
Section 12:	Immunization.....	29
Section 13:	HIV/AIDS.....	30
Section 14:	Quality of Life.....	34
Module 2:	Health Care Utilization.....	38
Module 99:	Transportation (Geary County).....	43
Module 25:	Health of Children.....	44
Module 35:	Parenting.....	50
Module 44:	Shift Work.....	54
Module 24:	Sexual Behavior.....	56
Module 28:	Violence and Crime.....	59
Module 32:	Mental Health.....	60
Module 9:	Alcohol Consumption.....	63
Module 29:	Social Context.....	65
Module 4:	Preventive Counseling.....	66

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HELLO, I'm \_\_\_\_\_ calling for the  
 \_\_\_\_\_. We're doing a study of the health practices of  
 \_\_\_\_\_ residents. Your phone number has been chosen  
 randomly by the \_\_\_\_\_ to be included in  
 the study, and we'd like to ask some questions about things people do  
 which may affect their health.

Is this \_\_\_\_\_ ?      **No**      Thank you very much, but  
 I seem to have dialed the  
 wrong number,      It's  
 possible that your number  
 may be called at a later  
 time.      **Stop**

Is this a private residence?      **No**      Thank you very much, but  
 we are only interviewing  
 private residences.      **Stop**

Is this residence located

in Geary County, Kansas ?

**No** Thank you very much, but we are only interviewing residences of Geary County. **Stop**

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

**If "1"** Are you the adult?

**If "yes"** Then you are the person I need to speak with. **Go to page 3**

**If "no"** May I speak with him or her? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?  
Who is the next oldest man who presently lives in this household?  
**Etc.**

Who is the oldest woman who presently lives in this household?  
Who is the next oldest woman who presently lives in this household?  
**Etc.**

The person in your household that I need to speak with is \_\_\_\_\_.

**If "you," go to page 3**

**To correct respondent** Hello, I'm calling for the \_I'm a member of a special research team. We're doing a study of \_residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.

The interview will only take a short time, and all the information obtained in this study will be confidential.

**Section 1: Health Status**

1. Would you say that in general your health is:

**Please Read**

- |    |           |   |
|----|-----------|---|
| a. | Excellent | 1 |
| b. | Very good | 2 |
| c. | Good      | 3 |
| d. | Fair      | 4 |
|    | <b>or</b> |   |
| e. | Poor      | 5 |

<b>Do not read these responses</b>	Don't know/Not Sure	7
	Refused	9

## Section 2: Health Care Access

2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- |                                       |   |
|---------------------------------------|---|
| a. Yes                                | 1 |
| b. No <b>Go to Q. 4b</b>              | 2 |
| Don't know/Not sure <b>Go to Q. 7</b> | 7 |
| Refused <b>Go to Q. 7</b>             | 9 |

3. Do you have Medicare?

- |  |                          |   |
|--|--------------------------|---|
| <b>Medicare is a coverage plan for people 65 or over and for certain disabled people</b> | a. Yes <b>Go to Q. 7</b> | 1 |
|  | b. No                    | 2 |
|  | Don't know/not sure      | 7 |
|  | Refused                  | 9 |

4a. What type of health care coverage do you use to pay for most of your medical care?

Is it coverage through: **Please Read**

- |  |                   |     |
|--|-------------------|-----|
| a. Your employer   | <b>Go to Q. 6</b> | 0 1 |
| b. Someone else's employer   | <b>Go to Q. 6</b> | 0 2 |
| c. A plan that you or someone else buys on your own                  | <b>Go to Q. 6</b> | 0 3 |
| d. Medicare  | <b>Go to Q. 6</b> | 0 4 |
| e. Medicaid or Medical Assistance [or substitute state program name] | <b>Go to Q. 6</b> | 0 5 |
| f. The military, CHAMPUS, or the VA [or CHAMP-VA]                    | <b>Go to Q. 6</b> | 0 6 |
| g. The Indian Health Service [or the Alaska Native Health Service]   | <b>Go to Q. 6</b> | 0 7 |
| or   |                   |     |
| h. Some other source   | <b>Go to Q. 6</b> | 0 8 |
| None   | <b>Go to Q. 5</b> | 8 8 |
| Don't know/Not sure  | <b>Go to Q. 6</b> | 7 7 |
| Refused  | <b>Go to Q. 6</b> | 9 9 |

**Do not  
read these  
responses**

4b. There are some types of coverage you may not have considered. Please tell me if you have any of the following:

Coverage through: **Please Read**

If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer	Go to Q.6	0 1
	b. Someone else's employer	Go to Q.6	0 2
	c. A plan that you or someone else buys on your own	Go to Q.6	0 3
	d. Medicare	Go to Q.6	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	Go to Q.6	0 5
	f. The military, CHAMPUS, or the VA [or CHAMP-VA]	Go to Q.6	0 6
	g. The Indian Health Service [or the Alaska Native Health Service]	Go to Q.6	0 7
	h. Some other source	Go to Q.6	0 8
Do not read these responses	None	Go to Q.5	8 8
	Don't know/Not sure	Go to Q. 7	7 7
	Refused	Go to Q. 7	9 9

5. About how long has it been since you had health care coverage?

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| Go to Q. 7                                      |   |
| b. Within the past year (6 to 12 months ago)    | 2 |
| Go to Q. 7                                      |   |
| c. Within the past 2 years (1 to 2 years ago)   | 3 |
| Go to Q. 7                                      |   |
| d. Within the past 5 years (2 to 5 years ago)   | 4 |
| Go to Q. 7                                      |   |
| e. 5 or more years ago                          | 5 |
| Go to Q. 7                                      |   |
| Don't know/Not sure                             | 7 |
| Go to Q. 7                                      |   |
| Never   | 8 |
| Go to Q. 7                                      |   |
| Refused   | 9 |
| Go to Q. 7                                      |   |

6. During the past 12 months, was there any time that you did not have any health insurance or coverage?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

8. Is there one particular doctor or health professional who you

usually go to when you need routine medical care?

- If "no," ask "Is there more than one or is there no usual doctor who you go to?"
- |                     |   |
|---------------------|---|
| a. Yes, only one    | 1 |
| b. More than one    | 2 |
| c. No               | 3 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

9. About how long has it been since you last visited a doctor for a routine checkup?

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past year (1 to 12 months ago)  | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago                        | 4 |
| Don't know/Not sure                           | 7 |
| Never   | 8 |
| Refused                                       | 9 |



### Section 3: Hypertension Awareness

10. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago)    | 2 |
| c. Within the past 2 years (1 to 2 years ago)   | 3 |
| d. Within the past 5 years (2 to 5 years ago)   | 4 |
| e. 5 or more years ago                          | 5 |
| Don't know/Not sure                             | 7 |
| Never <b>Go to Q. 13</b>                        | 8 |
| Refused   | 9 |
11. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?
- |  |   |
|--|---|
| a. Yes                                 | 1 |
| b. No <b>Go to Q. 13</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 13</b> | 7 |
| Refused <b>Go to Q. 13</b>             | 9 |
12. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?
- |                     |   |
|---------------------|---|
| a. More than once   | 1 |
| b. Only once        | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

**Section 4: Cholesterol Awareness**

13. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (48)

- a. Yes 1
- b. No **Go to Q. 16** 2
- Don't know/Not sure **Go to Q. 16** 7
- Refused **Go to Q. 16** 9

14. About how long has it been since you last had your blood cholesterol checked? (49)

**Read Only if Necessary**

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Refused 9

15. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (50)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

## Section 5: Diabetes

16. Have you ever been told by a doctor that you have diabetes?  
(51)

If "Yes" and female, ask a. "Was this only when you were pregnant?"	a. Yes	1
	b. Yes, but female told only during pregnancy	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

## Section 6: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

17. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (52)

a. Yes	1
--------	---

b. No Go to Q. 27 2

Don't know/Not sure    **Go to Q. 27**    7

Refused    Go to Q. 27                                  9

18. What type of physical activity or exercise did you spend the most time doing during the past month? (53-54)

Activity (specify): See coding list A      —    —

Refused	Go to Q. 22	9	9
---------	-------------	---	---

Ask Q. 19 only if answer to Q. 18 is running, jogging, walking, or swimming. All others, go to Q. 20.

19. How far did you usually walk/run/jog/swim? (55-57)

See coding list B if response is not in miles and tenths	Miles and tenths	—	—	—
	Don't know/Not sure	7	7	7
	Refused	9	9	9

20. How many times per week or per month did you take part in this activity during the past month? (58-60)

a. Times per week 1

b. Times per month	2
--------------------	---

Don't know/Not sure	7	7	7
---------------------	---	---	---

Refused	9	9	9
---------	---	---	---

21. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (61-63)

Hours and minutes	—	:	—	—
Don't know/Not sure	7	7	7	
Refused	9	9	9	

22. Was there another physical activity or exercise that you participated in during the last month? (64)

a. Yes	1
b. No Go to Q. 27	2
Don't know/Not sure Go to Q. 27	7
Refused Go to Q. 27	9

23. What other type of physical activity gave you the next most exercise during the past month? (65-66)

Activity (specify):	_____	—	—
	See coding list A		
Refused Go to Q. 27	9	9	

Ask Q. 24 only if answer to Q. 23 is running, jogging, walking, or swimming. All others go to Q25.

24. How far did you usually walk/run/jog/swim? (67-69)

See coding  
list B if  
response is  
not in  
miles and  
tenths

Miles and tenths	—	—	.	—
Don't know/Not sure	7	7	7	
Refused	9	9	9	

25. How many times per week or per month did you take part in this activity? (70-72)

a. Times per week	1	—	—
-------------------	---	---	---

b. Times per month	2	—	—
Don't know/Not sure	7	7	7
Refused	9	9	9

26. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (73-75)

Hours and minutes	—	:	—	—
Don't know/Not sure	7		7	7
Refused	9		9	9

## Section 7: Seat Belt Use

27. How often do you use seatbelts when you drive or ride in a car?  
(76)

Would you say: **Please Read**

- |    |                              |   |
|----|------------------------------|---|
| a. | Always                       | 1 |
| b. | Nearly Always                | 2 |
| c. | Sometimes                    | 3 |
| d. | Seldom                       | 4 |
|    | <b>or</b>                    |   |
| e. | Never                        | 5 |
|    | Don't know/Not sure          | 7 |
|    | Never drive or ride in a car | 8 |
|    | Refused                      | 9 |

Do not  
read these  
responses

28. What is the age of the oldest child in your household under the age of 16? (77-78)

Code  
<1 yr.  
as "01"

- |    |   |     |
|----|---|-----|
| a. | Code age in years                           |     |
| b. | No children under age 16 <b>Go to Q. 30</b> | 8 8 |
|    | Don't know/Not sure <b>Go to Q. 30</b>      | 7 7 |
|    | Refused <b>Go to Q. 30</b>                  | 9 9 |

29. How often does the [fill in age from Q. 22]-year-old child in your household use a... (79)

car safety seat [for child under 5]

seatbelt [for child 5 or older]

...when they ride in a car?

Would you say: **Please Read**

- |                      |   |
|----------------------|---|
| a. Always            | 1 |
| b. Nearly always     | 2 |
| c. Sometimes         | 3 |
| d. Seldom            | 4 |
| <b>or</b>            |   |
| e. Never             | 5 |
| Don't know/Not sure  | 7 |
| Never rides in a car | 8 |
| Refused              | 9 |

**Do not  
read these  
responses**



## Section 8: Tobacco Use

30. Have you smoked at least 100 cigarettes in your entire life?  
(80)

5 packs  
= 100  
ciga-  
rettes

- |                                  |   |
|----------------------------------|---|
| a. Yes                           | 1 |
| b. No Go to Q. 35                | 2 |
| Don't know/Not sure Go to Q. 35) | 7 |
| Refused Go to Q. 35              | 9 |

31. Do you now smoke cigarettes everyday, some days, or not at all?  
(81)

- |                           |   |
|---------------------------|---|
| a. Everyday               | 1 |
| b. Some days Go to Q. 32a | 2 |
| c. Not at all Go to Q. 34 | 3 |
| Refused Go to Q. 35       | 9 |

32. On the average, about how many cigarettes a day do you now smoke?  
(82-83)

1 pack  
= 20  
ciga-  
rettes

- |                                  |     |
|----------------------------------|-----|
| Number of cigarettes Go to Q. 33 |     |
| Don't know/Not sure Go to Q. 33  | 7 7 |
| Refused Go to Q. 33              | 9 9 |

32a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?  
(84-85)

1 pack  
= 20  
ciga-  
rettes

- |                                  |     |
|----------------------------------|-----|
| Number of cigarettes Go to Q. 35 |     |
| Don't know/Not sure Go to Q. 35  | 7 7 |
| Refused Go to Q. 35              | 9 9 |

33. During the past 12 months, have you quit smoking for 1 day or longer?  
(86)

- |  |   |
|--|---|
| a. Yes <b>Go to Q. 35</b>              | 1 |
| b. No <b>Go to Q. 35</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 35</b> | 7 |
| Refused <b>Go to Q. 35</b>             | 9 |

34. About how long has it been since you last smoked cigarettes regularly, that is, daily? (87-88)

**Read Only if Necessary**

- |   |     |
|---|-----|
| a. Within the past month (0 to 1 month ago)     | 0 1 |
| b. Within the past 3 months (1 to 3 months ago) | 0 2 |
| c. Within the past 6 months (3 to 6 months ago) | 0 3 |
| d. Within the past year (6 to 12 months ago)    | 0 4 |
| e. Within the past 5 years (1 to 5 years ago)   | 0 5 |
| f. Within the past 15 years (5 to 15 years ago) | 0 6 |
| g. 15 or more years ago                         | 0 7 |
| Don't know/Not sure                             | 7 7 |
| Never smoked regularly                          | 8 8 |
| Refused   | 9 9 |

## Section 9: Smokeless Tobacco Use

35. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (89)

<b>Probe for chewing tobacco, snuff, or both</b>	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither <b>Go to Q. 37</b>	4
	Don't know/Not sure <b>Go to Q. 37</b>	7
	Refused <b>Go to Q. 37</b>	9

36. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (90)

<b>"Yes" includes occa- sional use</b>	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither	4
	Don't know/Not sure	7
	Refused	9

**Section 10: Demographics**

37. What is your age? (91-92)

Code age in years

Don't know/Not sure 0 7

Refused 0 9

38. What is your race? (93)

Would you say: **Please Read**

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. American Indian, Alaska Native 4

**or**

e. Other: (specify)\_\_\_\_\_ 5

Don't know/Not sure 7

Refused 9

**Do not  
read these  
responses**

39. Are you of Spanish or Hispanic origin? (94)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

40. Are you: (95)

**Please Read**

- |                                    |   |
|------------------------------------|---|
| a. Married                         | 1 |
| b. Divorced                        | 2 |
| c. Widowed                         | 3 |
| d. Separated                       | 4 |
| e. Never been married              | 5 |
| <b>or</b>                          |   |
| f. A member of an unmarried couple | 6 |
| Refused                            | 9 |

41. How many children live in your household who are...

**Please Read**

- |                      |                             |          |
|----------------------|-----------------------------|----------|
| <b>Code 1-9</b>      | a. less than 5 years old?   | ___ (96) |
| <b>7 = 7 or more</b> | b. 5 through 12 years old?  | ___ (97) |
| <b>8 = None</b>      | c. 13 through 17 years old? | ___ (98) |
| <b>9 = Refused</b>   |                             |          |

42. What is the highest grade or year of school you completed? (99)

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Never attended school or only kindergarten                   | 1 |
| b. Grades 1 through 8 (Elementary)                              | 2 |
| c. Grades 9 through 11 (Some high school)                       | 3 |
| d. Grade 12 or GED (High school graduate)                       | 4 |
| e. College 1 year to 3 years (Some college or technical school) | 5 |
| f. College 4 years or more (College graduate)                   | 6 |
| Refused   | 9 |

43. Are you currently: (100)

**Please Read**

a. Employed for wages	1
b. Self-employed	2
c. Out of work for more than 1 year	3
d. Out of work for less than 1 year	4
e. Homemaker	5
f. Student	6
g. Retired	7
or	
h. Unable to work	8
Refused	9

44. Is your annual household income from all sources: (101-102)

**Read as Appropriate**

<b>If respondent refuses at any income level, code refused</b>	a. Less than \$25,000 If "no," ask e; if "yes," ask b (\$20,000 to less than \$25,000)	0 4
	b. Less than \$20,000 If "no," code a; if "yes," ask c (\$15,000 to less than \$20,000)	0 3
	c. Less than \$15,000 If "no," code b; if "yes," ask d (\$10,000 to less than \$15,000)	0 2
	d. Less than \$10,000 If "no," code c	0 1
	e. Less than \$35,000 If "no," ask f (\$25,000 to less than \$35,000)	0 5
	f. Less than \$50,000 If "no," ask g (\$35,000 to less than \$50,000)	0 6
	g. Less than \$75,000 If "no," code h (\$50,000 to \$75,000)	0 7
	h. \$75,000 or more	0 8
<b>Do not read these responses</b>	Don't know/Not sure	7 7
	Refused	9 9

45. About how much do you weigh without shoes? (103-105)

**Round  
fractions  
up**

Weight  
pounds

Don't know/Not sure

7 7 7

Refused

9 9 9

46. About how tall are you without shoes? (106-108)

**Round  
fractions  
down**

Height  
ft/inches

—/

Don't know/Not sure

7 7 7

Refused

9 9 9

47. What is your zip code? (109-113)

Zip code

Don't know/not sure

7 7 7 7 7

Refused

9 9 9 9 9

48. Do you have more than one telephone number in your household?

(114)

a. Yes

1

b. No **Go to Q. 50**

2

Refused **Go to Q. 50**

9

49. How many residential telephone numbers do you have? (115)

**Exclude ded-  
icated fax  
and computer  
lines**

Total telephone numbers **[8=8 or more]**

Refused

9

50. Indicate sex of respondent. **Ask Only if Necessary** (116)

Male **Go to Q. 62**

1

Female

2

### Section 11: Women's Health

These next few questions ask about medical exams you may have received.

51. A mammogram is an x-ray of each breast to look for breast cancer.  
Have you ever had a mammogram? (117)

- a. Yes 1
- b. No **Go to Q. 54** 2
- Don't know/Not sure **Go to Q. 54** 7
- Refused **Go to Q. 54** 9

52. How long has it been since you had your last mammogram? (118)

**Read only if Necessary**

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

53. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (119)

- a. Routine checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9



54. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (120)

- a. Yes 1
- b. No **Go to Q. 57** 2
- Don't know/Not sure **Go to Q. 57** 7
- Refused **Go to Q. 57** 9

55. How long has it been since your last breast exam? (121)

**Read Only if Necessary**

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

56. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (122)

- a. Routine Checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

57. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (123)

- a. Yes 1
- b. No **Go to Q. 60** 2
- Don't know/Not sure **Go to Q. 60** 7
- Refused **Go to Q. 60** 9

58. How long has it been since you had your last Pap smear? (124)

**Read Only if Necessary**

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

59. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (125)

- a. Routine exam 1
- b. Check current or previous problem 2
- Other 3
- Don't know/Not sure 7
- Refused 9

60. Have you had a hysterectomy? (126)

<b>A hysterec- tomy is an operation to remove the uterus (womb)</b>	a. Yes <b>Go to Q. 62</b>	1
	b. No	2
	Don't know/Not sure	7
	Refused	9

**If respondent 45 years old or older, go to Q. 62.**

61. To your knowledge, are you now pregnant? (127)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

**Section 12: Immunization**

62. During the past 12 months, have you had a flu shot?	(128)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9
63. Have you ever had a pneumonia vaccination?	(129)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

**Section 13: HIV/AIDS**

**If respondent is 65 years old or older, go to Section 14 (p. 33).**

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

64. What are your chances of getting infected with HIV, the virus that causes AIDS? (130)

Would you say: **Please Read**

- |  |   |
|--|---|
| a. High                                      | 1 |
| b. Medium                                    | 2 |
| c. Low                                       | 3 |
| <b>or</b>                                    |   |
| d. None                                      | 4 |
| Not applicable (Have HIV) <b>Go to Q. 66</b> | 5 |
| Don't know/Not sure                          | 7 |
| Refused                                      | 9 |

**Do not  
read these  
responses**

65. Have you ever had your blood tested for HIV? (131)

- |  |   |
|--|---|
| a. Yes                                 | 1 |
| b. No <b>Go to Q. 70</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 70</b> | 7 |
| Refused <b>Go to Q. 70</b>             | 9 |

66. When was your last blood test for HIV? (132-135)

Code month and year	<u>    </u> <u>    </u> /
Don't know/Not sure	7 7 / 7 7
Refused	9 9 9 9

67. What was the main reason you had your last blood test for HIV? (136-137)

## Reason code

**Read only if necessary**

a.	For hospitalization or surgical procedure	0 1
b.	To apply for health insurance	0 2
c.	To apply for life insurance	0 3
d.	For employment	0 4
e.	To apply for a marriage license	0 5
f.	For military induction or military service	0 6
g.	For immigration	0 7
h.	Just to find out if you were infected	0 8
i.	Because of referral by a doctor	0 9
j.	Because of pregnancy	1 0
k.	Referred by your sex partner	1 1
l.	Because it was part of a blood donation process	1 2
m.	For routine check-up	1 3
n.	Because of occupational exposure	1 4
o.	Because of illness	1 5
p.	Because I am at risk for HIV	1 6
q.	Other	8 7
	Don't know/Not sure	7 7
	Refused	9 9

68. Where did you have your last blood test for HIV?

(138-139)

Facility Code

**Read only if necessary**

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

69. Did you receive the results of your last test?	(140)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9



## Section 14: Quality of Life

These next questions are about limitations you may have in your daily life.

70. Are you limited in any way in any activities because of any impairment or health problem? (141)
- a. Yes 1
  - b. No **Go to Q. 75** 2
  - Don't know/Not sure **Go to Q. 75** 7
  - Refused **Go to Q. 75** 9
71. What is the major impairment or health problem that limits your activities? (142-143)
- a. Arthritis/rheumatism 0 1
  - b. Back or neck problem 0 2
  - c. Fractures, bone/joint injury 0 3
  - d. Walking problem 0 4
  - e. Lung/breathing problem 0 5
  - f. Hearing problem 0 6
  - g. Eye/vision problem 0 7
  - h. Heart problem 0 8
  - i. Stroke problem 0 9
  - j. Hypertension/high blood pressure 1 0
  - k. Diabetes 1 1
  - l. Cancer 1 2
  - m. Depression/anxiety/emotional problem 1 3
  - n. Other impairment/problem 1 4
  - Don't know/Not sure 7 7
  - Refused 9 9

72. For how long have your activities been limited because of your major impairment or health problem? (144-145)
- |                     |       |
|---------------------|-------|
| a. Days             | 1     |
| b. Weeks            | 2     |
| c. Months           | 3     |
| d. Years            | 4     |
| Don't know/Not Sure | 7 7 7 |
| Refused             | 9 9 9 |
73. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (146)
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
74. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (147)
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

75. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (148-149)

a. Number of days

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

76. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (150-151)

a. Number of days

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

77. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (152-153)

a. Number of days

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

78. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (154-155)

a. Number of days

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

79. During the past 30 days, for about how many days have you felt very healthy and full of energy? (156-157)

a. Number of days

b. None

8 8

Don't know/Not sure

7 7

Refused

9 9

## Module 2: Health Care Utilization

Now I am going to ask you some questions about the health care you receive.

1. How would you rate your satisfaction with your overall health care?

Would you say: **Please read**

- |              |   |
|--------------|---|
| a. Excellent | 1 |
| b. Very Good | 2 |
| c. Good      | 3 |
| d. Fair      | 4 |
| <b>or</b>    |   |
| e. Poor      | 5 |

**Do not  
read these  
responses**

- |  |   |
|--|---|
| Not applicable/don't use any health services | 8 |
| Don't know/Not sure                          | 7 |
| Refused                                      | 9 |

2. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?

- |  |   |
|--|---|
| a. Yes <b>Go to Q. 5</b>                 | 1 |
| b. More than one place <b>Go to Q. 4</b> | 2 |
| c. No                                    | 3 |
| Don't know/Not sure <b>Go to Q. 9</b>    | 7 |
| Refused <b>Go to Q. 9</b>                | 9 |

3. What is the main reason you do not have a usual source of medical care?

- |    |   |     |
|----|---|-----|
| a. | Two or more usual places <b>Go to Q.9</b>                         | 0 1 |
| b. | Have not needed a doctor <b>Go to Q.9</b>                         | 0 2 |
| c. | Do not like/trust/believe in doctors<br><b>Go to Q.9</b>          | 0 3 |
| d. | Do not know where to go <b>Go to Q.9</b>                          | 0 4 |
| e. | Previous doctor is not available/moved<br><b>Go to Q.9</b>        | 0 5 |
| f. | No insurance/cannot afford <b>Go to Q.9</b>                       | 0 6 |
| g. | Speak a different language <b>Go to Q.9</b>                       | 0 7 |
| h. | No place is available/close enough/convenient<br><b>Go to Q.9</b> | 0 8 |
| i. | Other <b>Go to Q.9</b>  | 0 9 |
|    | Don't know/Not sure <b>Go to Q.9</b>                              | 7 7 |
|    | Refused <b>Go to Q.9</b>  | 9 9 |

4. Is there one of these places that you go to most often when you are sick or need advice about your health?

- |    |                                      |   |
|----|--------------------------------------|---|
| a. | Yes                                  | 1 |
| b. | No <b>Go to Q.9</b>                  | 2 |
|    | Don't know/Not sure <b>Go to Q.9</b> | 7 |
|    | Refused <b>Go to Q.9</b>             | 9 |

5. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place?

a. Doctor's office or private clinic	0 1
b. Company or school health clinic/center	0 2
c. Community/migrant/rural clinic/center	0 3
d. County/city/public hospital outpatient clinic	0 4
e. Private/other hospital outpatient clinic	0 5
f. Hospital emergency room	0 6
g. HMO/prepaid group	0 7
h. Psychiatric hospital or clinic	0 8
i. VA hospital or clinic	0 9
j. Military health care facility	1 0
k. Some other kind of place	1 1
Don't know/Not sure	7 7
Refused	9 9

6. Thinking of the distance or time you travel to get to the place you usually go to, how would you rate the convenience of that place?

Would you say: **Please read**

a. Excellent	1
b. Very Good	2
c. Good	3
d. Fair	4
<b>or</b>	
e. Poor	5
Don't have usual place	6
Don't know/Not sure	7
Refused	9

**Do not  
read these  
responses**

7. When did you last change doctors?

**Read only if necessary**

<b>"Doctors"</b> <b>includes other</b> <b>health</b> <b>professionals</b>	a. Within the past year (1 to 12 months ago)	1
	b. Within the past 2 years (1 to 2 years ago)	2
	c. Within the past 3 years (2 to 3 years ago)	3
	d. Within the past 5 years (3 to 5 years ago)	4
	e. 5 or more years ago	5
	f. Never <b>Go to Q.9</b>	8
	Don't know/Not sure <b>Go to Q.9</b>	7
	Refused <b>Go to Q.9</b>	9

8. Why did you change doctors that last time?

<b>"Doctors"</b> <b>includes other</b> <b>health</b> <b>professionals</b>	a. Changed residence or moved	0 1
	b. Changed jobs	0 2
	3.Changed health care coverage	0 3
	4.Provider moved or retired	0 4
	1.Dissatisfied with former provider or liked new provider better	0 5
	2.Former provider no longer reimbursed by my health care coverage	0 6
	3.Owed money to former provider	0 7
	4.Medical care needs changed	0 8
	1.Other	8 7
	Don't know/Not sure	7 7
	Refused	9 9

9. Does difficulty with transportation sometimes prevent you from seeing a doctor?



a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

## Transportation Module

[Note: This module was developed for the Geary County Survey.]

1. If you, or a member of your family, had a sudden illness such as fever, flu symptoms, or physical pain, where would you go for medical assistance?
 

1. Personal of family doctor	0 1
2. Any available doctor	0 2
3. Hospital Emergency Room	0 3
4. Community health clinic, primary health clinic	0 4
5. Company or industry clinic	0 5
6. Other _____ <i>Please identify</i>	0 6
No place <b>Go to Q.3</b>	0 8
Don't Know/Not sure <b>Go to Q.3</b>	7 7
Refused <b>Go to Q.3</b>	9 9
  
2. About how many miles is this source of care from where you now live?
 

1. Miles to nearest medical care (776 = 776 or more)	— — —
Don't know/Not Sure	7 7 7
Refused	9 9 9
  
3. About how long have you lived in the area (town or city) in which you now live?
 

1. Years in area (76 = 76 or more)	— —
Don't know/Not sure	7 7
Refused	9 9

## Module 25: Health of Children

If core questions Q. 41a, Q. 41b, and Q. 41c are all "None" then go to the Next Module.

[Note: This Module has been modified. As of 5/00 one child from the household will be randomly selected for this Module.]

These next few questions will focus on the health of children. The [randomly selected child -- oldest, second oldest, etc.] has been randomly selected for these next few questions.

1. What is the age of the [oldest child or 2<sup>nd</sup> oldest child, etc]?

a. Age

Child Less Than One Year	0	
Don't Know/Not Sure <b>Go to Next Module</b>	7	7
No Children Under Age 18 <b>Go to Next Module</b>	8	8
Refused <b>Go to Next Module</b>	9	9

2. All of our questions will focus on the \_\_\_\_\_ year-old who lives in your household. How is the \_\_\_\_\_ year-old in your household related to you?

a. Daughter	0	1
b. Stepdaughter	0	2
c. Son	0	3
d. Stepson	0	4
e. Brother or Stepbrother	0	5
f. Sister or Stepsister	0	6
g. Grandson	0	7
h. Granddaughter	0	8
i. Other (specify) _____	0	9
Don't Know/Not Sure	7	7
Refused	9	9

3. Would you say that in general the \_\_\_\_\_ year old's health is:

**Please Read**

- a. Excellent 1
- b. Very Good 2
- c. Good 3
- d. Fair 4
- or
- e. Poor 5
- Don't Know/Not Sure 7
- Refused 9
4. Is the \_\_\_\_\_ year-old limited in any way in any activities because of any impairment or health problem?
- 2.Yes 1
- 3.No 2
- Don't know/Not sure 7
- Refused 9
5. About how long has it been since the \_\_\_\_\_ year-old last visited a doctor for a routine checkup?

**Read only if necessary**

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Never 8
- Refused 9

6. Was there a time during the last 12 months when the \_\_\_\_\_ year-old needed to see a doctor, but could not because of the cost?

1. Yes 1

2. No 2

Don't know/Not sure 7

Refused 9

7. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if the \_\_\_\_\_ year-old is sick or you need advice about the \_\_\_\_\_ year-old's health?

a. Yes 1

b. More than one place 2

c. No 3

Don't Know/Not Sure 7

Refused 9

8. Does the \_\_\_\_\_ year-old have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

1. Yes 1

2. No **Go to Q. 10** 2

Don't know/Not sure **Go to Q. 11** 7

Refused **Go to Q. 11** 9

[Note: Healthwave was added as an additional choice in April, 2000. This will change the coding such that Healthwave=08 and Some other source=09 in both Question 9 and Question 10 of this module.]

9. What type of health care coverage do you use to pay for most of the \_\_\_\_\_ year-old's medical care?

Is it coverage through: **Please Read**

- |    |   |             |     |
|----|---|-------------|-----|
| a. | Your employer   | Go to Q. 11 | 0 1 |
| b. | Someone else's employer   | Go to Q. 11 | 0 2 |
| c. | A plan that you or someone else buys on your own                  | Go to Q. 11 | 0 3 |
| d. | Medicare  | Go to Q. 11 | 0 4 |
| e. | Medicaid or Medical Assistance [or substitute state program name] | Go to Q. 11 | 0 5 |
| f. | The military, CHAMPUS, or the VA [or CHAMP-VA]                    | Go to Q. 11 | 0 6 |
| g. | The Indian Health Service [or the Alaska Native Health Service]   | Go to Q. 11 | 0 7 |
| h. | Healthwave  | Go to Q. 11 | 0 8 |
|    | or  |             |     |
| 3. | Some other source   | Go to Q.11  | 0 9 |
|    | None  | Go to Q. 10 | 8 8 |
|    | Don't know/Not sure   | Go to Q. 11 | 7 7 |
|    | Refused   | Go to Q. 11 | 9 9 |

Do not  
read these  
responses

10. There are some types of coverage you may not have considered. Please tell me if the \_\_\_\_\_ year-old may have any of the following:

Coverage through: **Please Read**

If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer	0 1
	b. Someone else's employer	0 2
	c. A plan that you or someone else buys on your own	0 3
	d. Medicare	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	0 5
	f. The military, CHAMPUS, or the VA [or CHAMP-VA]	0 6
	g. The Indian Health Service [or the Alaska Native Health Service]	0 7
	h. Healthwave or	0 8
	4. Some other source	0 9
	Do not read these responses	
	None	8 8
	Don't know/Not sure	7 7
	Refused	9 9

11. Did anyone in this household get food stamps at any time during the last 12 months?

1. Yes	1
1. No	2
Don't know/Not sure	7
Refused	9

**If the respondent is male and Q.2 is "Son", "Stepson", "Daughter" or "Stepdaughter" then go to Q. 13.**

12. Does the \_\_\_\_\_ year-old's father live in this household?

- |                                       |   |
|---------------------------------------|---|
| a. No                                 | 1 |
| b. Yes, Father                        | 2 |
| c. Yes, Stepfather or adoptive father | 3 |
| Don't know/Not sure                   | 7 |
| Refused                               | 9 |

**If the respondent is female and Q.2 is "Son", "Stepson", "Daughter" or "Stepdaughter" then go to the Next Module.**

13. Does the \_\_\_\_\_ year-old's mother live in this household?

- |                                       |   |
|---------------------------------------|---|
| a. No                                 | 1 |
| b. Yes, Mother                        | 2 |
| c. Yes, Stepmother or adoptive mother | 3 |
| Don't know/Not sure                   | 7 |
| Refused                               | 9 |



## Module 35: Parenting

If Q41a, Q41b, Q41c are all "None" or "Refused" go to Next Module

If Module 25 Q.2 is "Daughter", "Stepdaughter", "Son", or "Stepson", Go to Q.3.

[Note: This Module has been modified. As of 5/00 one child from the household will be randomly selected for this Module. Also, since this Module immediately follows the Health of Children Module, the same child who was selected in the Health of Children Module will be used for this module. Question 1 was removed because it is already asked in the Health of Children Module.]

2. Are you a guardian of the \_\_\_\_\_ year-old child?
  - 1.Yes..... 1
  - 1.No **Go to Next Module**..... 2
  - Don't know/not sure **Go to Next Module** ..... 7
  - Refused **Go to Next Module** ..... 9
  
3. Would you say you are the parent or guardian who spends the most time caring for the \_\_\_\_\_ year-old child?
  - a. Yes ..... 1
  - 2.No ..... 2
  - Don't know/not sure ..... 7
  - Refused ..... 9
  
4. Is the \_\_\_\_\_ year-old child's time divided between parents or guardians who live in separate households?
  - a. Yes ..... 1
  - 2.No ..... 2
  - Don't know/not sure ..... 7
  - Refused ..... 9

5. About how many hours did the \_\_\_\_\_ year-old child watch television yesterday?

- a. Number of hours of TV ..... 8
- b. None ..... 8
- Don't know/Not Sure ..... 7
- Refused ..... 9

**If child is 5-17 years old go to Q. 6. If the child is aged < 5 go to Q. 10**

6. To the following questions please answer how many days out of the past seven days you did the following activities with the \_\_\_\_\_ year-old child?

**9 = Refused**  
**8=Don't Know**

- 1. Played a sport, physical game, or exercised together with the \_\_\_\_\_ year-old child?.....
- B. Played a non-physical game with the \_\_\_\_\_ year-old child?.....
- 3. Watched television with the \_\_\_\_\_ year-old child?.....
- 4. Spent at least 20 minutes talking with the \_\_\_\_\_ year-old child?.....
- 5. Helped the \_\_\_\_\_ year-old child with school activities or homework?.....
- 6. Made the \_\_\_\_\_ year-old child responsible for completing a household chore? .....
- 7. Attended a game or event the \_\_\_\_\_ year-old child participated in?.....

7. Please answer yes or no to the following questions. Are there family rules about:

**PLEASE READ EACH**

Yes No DK Ref

- a. What time the \_\_\_\_\_ year-old child goes to bed on a school night? 1 2 7 9
2. The amount of time the \_\_\_\_\_ year-old child is allowed to watch television? 1 2 7 9
3. Which television programs and movies the \_\_\_\_\_ year-old child is allowed to watch? 1 2 7 9
- d. Which computer or video games the \_\_\_\_\_ year-old child is allowed to play? 1 2 7 9
- e. Use of the internet for the \_\_\_\_\_ year-old child? 1 2 7 9
8. Where does the \_\_\_\_\_ year-old child go most often when school lets out?
- a. Home.....01
  - 9. Child care provider/babysitter.....02
  - 10. Friend's home .....03
  - 11. Neighbor's home .....04
  - 12. Work.....05
  - 6. Spends time with friends.....06
  - 7. Community organization (YMCA, library, etc.).....07
  - 8. After school sport, club, or other organized activity...08
  - 9. Other (specify: \_\_\_\_\_).....09
  - 10. Not in school currently **Go to Next Module**.....10
  - Don't Know/Not Sure .....77
  - Refused.....99
9. On how many days out of the past seven days was the \_\_\_\_\_ year-old child supervised by an adult after school?
- a. Number of days (**5 = 5 or more days**) **Go to Next Module**.....

- b. Not in school currently **Go to Next Module**.....8
- Don't know/Not Sure **Go to Next Module**.....7
- Refused **Go to Next Module**.....9

10. To the following questions please answer how many days during the past seven days you have done the following activities with the \_\_\_\_\_ year-old child.

- A. Played a sport, physical game, or exercised with the \_\_\_\_\_ year-old child?.....
- B. Played a non-physical game with the \_\_\_\_\_ year-old child?.....
- C. Watched television with the \_\_\_\_\_ year-old child?.....
- D. Read to the \_\_\_\_\_ year-old child?.....

**9 = Refused**  
**8=Don't Know**

11. About how many hours per week does the \_\_\_\_\_ year-old child spend in a day care center, day care home, or pre-school?

- a. Number of hours a week (**76 = 76 or More**).....
- b. None .....8 8
- Don't know/Not Sure .....7 7
- Refused..... 9 9

**Module 44: Shift Work**

1. Do you work outside of the home ?
  - a. Yes 1
  - b. No **Go to Next Module** 2
  - Don't know/Not sure **Go to Next Module** 7
  - Refused **Go to Next Module** 9
  
2. Approximately what hour of the day do you usually get off work?
  - a. Morning (6:00 am - 11:59 am) 1
  - b. Afternoon (12:00 pm [Noon] - 5:59 pm) 2
  - c. Evening (6:00 pm - 11:59 pm) 3
  - d. Night (12:00 am [Midnight] - 5:59 am) 4
  - e. Rotating\Changing shifts 5
  - f. Do not work/Not employed **Go to Next Module** 6
  - Don't know/Not sure 7
  - Refused 9
  
3. How many days during the past 30 days did you feel that the hours you worked caused problems with your family or home life ?
 

Enter number of days:                      — —

None 8 8

Don't Know/Not sure 7 7

Refused 9 9

4. How many days during the past 30 days did you feel that the hours you worked caused sleeping problems ?

Enter number of days:	— —
None	8 8
Don't Know/Not sure	7 7
Refused	9 9

5. Do you believe that the hours you work cause problems with your health?

a. Yes	1
b. No	2
Don't know/Not Sure	7
Refused	9

**If core questions Q. 41a, Q. 41b, and Q. 41c are all "None" then go to the Next Module.**

**[Note: This question was added for the Geary County Survey]**

6. Do the hours you work impact the type and quality of child care available to you?

a. Yes	1
b. No	2
Don't know/Not Sure	7
Refused	9

## Module 24: Sexual Behavior

If respondent is 50 years old or older or if respondent answered "don't know" or "refused" to age, go to next module.

1. During the past 12 months, with how many different people have you had sexual intercourse?

- |                             |   |   |
|-----------------------------|---|---|
| a. Number (76 = 76 or more) |   |   |
| b. None Go to Q. 5          | 8 | 8 |
| Don't know/Not sure         | 7 | 7 |
| Refused                     | 9 | 9 |

2. Was a condom used the last time you had sexual intercourse?

- |                                |   |
|--------------------------------|---|
| a. Yes                         | 1 |
| b. No Go to Q. 4               | 2 |
| Don't know/Not sure Go to Q. 4 | 7 |
| Refused Go to Q. 4             | 9 |

3. The last time you had sexual intercourse, was the condom used ...  
**Please Read**

- |  |   |
|--|---|
| 1. To prevent pregnancy                                      | 1 |
| 2. To prevent diseases like syphilis,<br>gonorrhea, and AIDS | 2 |
| 3. For both of these reasons                                 | 3 |
| <b>or</b>  |   |
| 4. For some other reason                                     | 4 |
| Don't know/Not sure  | 7 |
| Refused  | 9 |

Do not  
read these  
responses

4. How many new sex partners did you have during the past 12 months?

A new sex  
partner is  
someone

the respon- b.  
dent had sex  
with for the  
first time in  
the past 12  
months

a. Number [76 = 76 or more]

b. None 8 8

Don't know/Not sure

7 7

Refused

9 9

5. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.

You have used injectable drugs in the past year

You tested positive for having HIV, the virus that causes AIDS

You had anal sex without a condom in the past year

Do any of these situations apply to you?

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

6. In the past five years, have you been treated for a sexually transmitted or venereal disease?

1. Yes 1

2. No **Go to Next Module** 2

Don't know/Not sure 7

**Go to Next Module**

Refused **Go to Next Module** 9

7. Were you treated at a local health department?

a. Yes 1



b. No	2
Don't know/Not sure	7
Refused	9

## Module 28: Violence and Crime

These next few questions deal with violence or crime.

1. How afraid are you to leave your home at night? Would you say:

**Please Read**

- a. Very afraid .....1
- b. Somewhat afraid .....2
- c. A little afraid .....3
- or**
- d. Not afraid .....4
- Don't know/Not sure .....7
- Refused .....9

2. When was the last time you saw a violent crime in your neighborhood (someone hurting or trying to hurt someone else)?

**Read Only if Necessary**

- a. Within the past week .....1
- b. Within the past month .....2
- c. Within the past year .....3
- d. One or more years ago .....4
- e. Never .....5
- Don't know/Not sure .....7
- Refused .....9

3. During the past year have you known or seen anyone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend?

- a. Yes .....1
- b. No .....2
- Don't know/Not sure .....7
- Refused .....9

## Module 32: Mental Health

[Note: This Module was modified for the Geary County Survey. Questions 1 and 2 (MH1 and MH2) were deleted and the module was renumbered.]

These next few questions ask about your mental health.

1. During the past five years have you thought you might have depression?
  - a. Yes .....1
  - b. No **Go to Q. 5** .....2
  - Don't know/Not Sure **Go to Q. 5**.....7
  - Refused **Go to Q. 5**.....9
  
2. During the past five years have you been diagnosed with depression?
  - a. Yes .....1
  - b. No **Go to Q. 5** .....2
  - Don't know/Not Sure **Go to Q. 5**.....7
  - Refused **Go to Q. 5**.....9
  
3. Did you receive treatment for your depression?
  - a. Yes .....1
  - b. No **Go to Q. 5** .....2
  - Don't know/Not Sure **Go to Q. 5**.....7
  - Refused **Go to Q. 5**.....9
  
4. Who treated you for depression?
 

**Read only if necessary**

  - a. Psychologist .....0 1
  - b. Psychiatrist .....0 2
  - c. Family doctor .....0 3
  - d. Mental health center .....0 4

- e. Self-help group .....0 5
  - f. Family or Friends .....0 6
  - g. Pastor, priest, rabbi or other religious counselor.....0 7
  - h. Other (specify:\_\_\_\_\_ ) .....0 8
  - Don't know/Not sure .....7 7
  - Refused .....9 9
5. Have you needed treatment for any personal or emotional problems during the last five years but been unable to get it?
- a. Yes .....1
  - b. No **Go to Q. 7** .....2
  - Don't know/Not Sure **Go to Q. 7**.....7
  - Refused **Go to Q. 7**.....9
6. Why were you unable to get treatment for your personal or emotional problem?
- Read only if necessary**
- a. Cost/Couldn't afford/Insurance would not cover .....1
  - b. Lack transportation .....2
  - c. No place was close enough/available/convenient .....3
  - d. Do not know where to go .....4
  - e. Do not trust psychiatrists/psychologist/doctors .....5
  - f. Embarrassed/Stigmatism .....6
  - Don't know/Not sure .....7
  - Other (specify:\_\_\_\_\_ ) .....8
  - Refused .....9
7. If you or someone in your family needed treatment for a mental

health problem where would you go for help?

a. Pawnee Mental Health .....	0	1
b. Family Care Center .....	0	2
c. Hospital Emergency Room .....	0	3
d. Community Mental Health at Ft. Riley .....	0	4
e. Psychiatrist other than at Pawnee Mental Health .....	0	5
f. Psychologist other than at Pawnee Mental Health .....	0	6
g. VA Hospital .....	0	7
h. Family Doctor .....	0	8
i. Self-help group .....	0	9
j. Family or Friends .....	1	0
k. Pastor, priest, rabbi or other counselor.....	1	1
l. State Hospital .....	1	2
13. Other (specify:_____)	1	3
Don't know/Not sure .....	7	7
Refused .....	9	9

**Module 9: Alcohol Consumption**

1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?
 

a. Yes	1
b. No <b>Go to Next Module</b>	2
Don't know/Not sure <b>Go to Next Module</b>	7
Refused <b>Go to Next Module</b>	9
  
2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?
 

a. Days per week	1
b. Days per month	2
Don't know/Not sure <b>Go to Q. 4</b>	7 7 7
Refused <b>Go to Q. 4</b>	9 9 9
  
3. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?
 

Number of drinks	
Don't know/Not sure	7 7
Refused	9 9
  
4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?
 

a. Number of times	
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

5. During the past month, how many times have you driven when you've had perhaps too much to drink?

a. Number of times

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

**Module 29: Social Context**

[Note: This Module was modified for the Geary County Survey. Questions 1, 2, and 3 (SC1, SC2, and SC3) were deleted and the module was renumbered (using only SC4 and SC5).]

These next questions are about your daily life.

1. How many close friends or relatives would help you with your emotional problems or feelings if you needed it? (323)
  - a. 3 or more 1
  - b. 2 2
  - c. 1 3
  - d. None 4
  - Don't know/Not Sure 7
  - Refused 9
  
2. In the past 30 days, have you been concerned about having enough food for you or your family? (324)
  - a. Yes 1
  - b. No 2
  - Don't know/Not Sure 7
  - Refused 9



## Module 4: Preventive Counseling Services

The next questions are about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

1. Has a doctor or other health professional ever talked with you about your diet or eating habits?

<b>If yes, ask "About how long ago was it?"</b>	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

2. Has a doctor or other health professional ever talked with you about physical activity or exercise?

<b>If yes, ask "About how long ago was it?"</b>	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

3. (Has a doctor or other health professional ever talked with you) about injury prevention, such as safety belt use, helmet use, or smoke detectors?

<b>If yes, ask "About how long ago was it?"</b>	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

4. (Has a doctor or other health professional ever talked with you) about drug abuse?

<b>If yes, ask "About how long ago was it?"</b>	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

5. (Has a doctor or other health professional ever talked with you) about alcohol use?

<b>If yes, ask "About how long ago was it?"</b>	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

**If "No" to core Q. 30 or "Not at all" to core Q. 31, go to Q. 7**

6. (Has a doctor or other health professional) ever advised you to quit smoking?

<b>If yes, ask "About how long ago was it?"</b>	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

**If respondent 65 years old or older, go to next module**

7. (Has a doctor or other health professional) ever talked with you

about your sexual practices, including family planning, sexually transmitted diseases, AIDS, or the use of condoms?

If yes, ask "About how long ago was it?"	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

### Closing Statement

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in Geary County. Thank you very much for your time and cooperation.